

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023140

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

123

FILED JUN 26 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Butler

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Bates County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Vernon

c. CITY OR TOWN

5 Mi. West-Rich Hill

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rich Hill Rt 2

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

GEORGE

Middle

HENRY

Last

BOEHM

4. DATE OF DEATH

Month

June

Day

18

Year

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

2/10/93

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

4 8

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Fred Boehm

13b. MOTHER'S MAIDEN NAME

Virginia Gander

14. NAME OF HUSBAND OR WIFE

Florence Boehm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

42A Mrs. Florence Boehm-Rich Hill, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH

30 min.

DUE TO (b)

diabetic coma

14 hours

DUE TO (c)

diabetic acidosis

48 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

chronic nephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 13, '63 to June 18, '63 and last saw him alive on June 18-63. Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

212 Main, Mo.

22c. DATE SIGNED

6-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6/20/63

23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

23d. LOCATION (City, town, or county)

Rich Hill, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Booth Funeral Serv. Rich Hill, Mo.

25. DATE RECD. BY LOCAL REG.

6-22-63

26. REGISTRAR'S SIGNATURE

Norman Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0071

2 1080

3

4 0

5 1

6

7 1

8 0

9 260X

10

11

12 1-0

13 1-0

01-330-512

SEP 24 1963

10001
0041

0-1
1-0
0-1

STATEMENT BY LICENSED EMBALMER

no permit issued - N/A

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John G. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.